



AVOC - COURSE CERTIFICATE FORM

☐ Basic ☐ Refresher ☐ Advanced

Instructor Name: _____ Telephone: _____
Mailing Address: _____ Town: _____ Zip Code: _____
Course Location: _____ Date Begin: _____ End: _____ Time Begin: _____ End: _____

*(Please print clearly – The Bureau of Motor Vehicles cannot process
driver's license credits without a date of birth and drivers license number.)*

	MEMS Lic. #	Complete Name (Please print clearly)	Complete Address	Telephone #	Driver's License #	Date of Birth	Signature
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	MEMS Lic. #	Complete Name (Please print clearly)	Complete Address	Telephone #	Driver's License #	Date of Birth	Signature
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